

FILED JAN 8 1941

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 2452

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
#20 Briargate Lane.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days) 2

8. (a) PRINT FULL NAME FREDERICK DEIBEL.

8. (b) If veteran, name war none. 8. (c) Social Security No. none.

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Emma Deibel. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb'y 10, 1854.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86. 10. 15. _____ hr. _____ min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Grain Broker.

11. Industry or business In business for self.

12. Name Louis Deibel.

18. Birthplace Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Wolff. 15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alve M. Wilson.

(b) Address 5514 Cebenne Ave.

17. (a) burial. (b) Date thereof 12/27/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmer Boulevard.

19. (a) DEC 26 1940 (b) R. Myer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis,
(c) City or town Kirkwood.
(If outside city or town limits, write "RURAL")
(d) Street No. #20 Briargate Lane.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th
year 1940 hour 9 minute 05 P.M.

21. I hereby certify that I attended the deceased from Dec 25 1940 to Dec 25 1940

that I last saw him alive on Dec 25 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3
Acute Dilatation of Stomach 2 hours

Due to (over eating)

Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations 92c

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) While at work? (e) Means of injury _____

23. Signature R. Myer (M. D. or other)

Address Kirkwood, Mo Date signed 12/26/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

W. H.
R. & B. Bannier.
9-10. 3-4.
207 & N. Ketchum Rd.
Ki #35.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Bradford A. Miles

License Embalmer No. 2901

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.